

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH PTO-875)

SERIAL NO. **107524960** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7	1					
8	1	5				
9	Missing no.					
10						
11						
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20						
21						
22	1					
23		5				
24	1					
25		5				
26	1					
27		5				
28	1					
29		5				
30	1					
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32	1					
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50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						